

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7	1						57								
8							58								
9							59								
10							60								
11	1						61								
12							62								
13							63								
14							64								
15							65								
16	1						66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23	1						73								
24							74								
25							75								
26							76								
27	1						77								
28							78								
29							79								
30							80								
31							81								
32							82								
33	1						83								
34							84								
35							85								
36							86								
37							87								
38							88								
39	1						89								
40							90								
41							91								
42							92								
43	1						93								
44							94								
45							95								
46							96								
47							97								
48							98								
49	1						99								
50		14					100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								